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WELCOME

OMB Control Number: 0704-AAKD
OMB Expiration Date: TBD

STUDENTS (Quick Search)

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1 / 1 100%

SSN:
LName:

Clear Search

STUDENT LOCATOR CARD

Please make sure information is complete and accurate

04/06/2016

NAME (LAST, FIRST, MI)	<input type="checkbox"/> DOD <input type="checkbox"/> MIL <input type="checkbox"/> NON-DOD <input type="checkbox"/> INDUSTRY <input type="checkbox"/> ALLIED <input type="checkbox"/> MIL <input type="checkbox"/> CIV
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SOCIAL SECURITY NO.	COURSE TITLE AND INCLUSIVE DATES	COURSE NO.
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SERIES/RANK/GRADE	SERVICE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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MAJOR COMMAND/COMPANY NAME	SUPERVISOR'S NAME
	PHONE NO. EXT.

E-MAIL ADDRESS:

NOTE: Accuracy is crucial.

PRES ENT DUTY MAILING ADDRESS	PRES ENT HOME ADDRESS
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PHONE NO. (COM)	PHONE NO.
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ADDRESS WHILE TDY	ON TDY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN EMERGENCY: NOTIFY (NAME, ADDRESS AND PHONE NO.)
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PHONE NO. (COM)	PHONE NO. (H)	(W)
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Is there any medical condition or history that you would like to document in case of emergency condition?

PLEASE DATE AND SIGN BELOW

DATA REQUIRED BY THE PRIVACY ACT OF 1984 (U.S.C. 55a)

Prescribing Directive: DODD 5160.55

AUTHORITY 10 USC 136

The purpose of this form is to locate students and graduates.

The information on this form will be used as a basic reference by selected personnel in the Student Services Office to determine the location of students/graduates and the course or courses they have completed. It will also be used by registrar personnel to locate files of the graduates.

Submission of the information is voluntary. Without submission of information, the DAU may not be able to provide the full spectrum of service to the student.

My signature acknowledges that I have read and understood the above information. It also validates my attendance at the first day of this course.

Signature _____

Date _____